

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

ADDRESS (number and street)

1111 North Fairfax St.

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00012880

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr David Mason

Signature of Treasurer

Electronically Filed by Mr David Mason

Date

07

18

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		451084.73
(b) Cash on Hand at Beginning of Reporting Period	295028.43	
(c) Total Receipts (from Line 19)	81137.66	298970.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	376166.09	750055.22
7. Total Disbursements (from Line 31)	66500.00	440389.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	309666.09	309666.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period:

From:

M M D D Y Y W Y
0 6 0 1 2 0 0 8

To:

M M D D Y Y W Y
0 6 3 0 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	34064.67	130483.02
(i) Itemized (use Schedule A)		
(ii) Unitemized	46948.50	165735.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	81013.17	296218.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	81013.17	296218.43
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	124.49	1752.06
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	81137.66	298970.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	81137.66	298970.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66500.00	431320.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	9069.13
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	66500.00	440389.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66500.00	440389.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	81013.17	296218.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81013.17	296218.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Jennifer Ann Lesko

Mailing Address 428 1st Ave W

City

Seattle

State

WA

Zip Code

98119-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Therapeutic Associates

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24718603

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gail M. Jensen

Mailing Address 2512 N 51st Avenue

City

Omaha

State

NE

Zip Code

68104-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creighton University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 24852221

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Nancy E. Byl

Mailing Address 12961 Skyline Blvd

City

Oakland

State

CA

Zip Code

94619-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California-
San Francisco

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 24852281

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Robert James Seton

Mailing Address 1950 Bluewater Blvd Suite 101

City

Niceville

State

FL

Zip Code

32578-3888

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic & Sports Phy
Therapy Ctr

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 24852283

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John W. Iverson

Mailing Address 14 80th Drive NE

City

Everett

State

WA

Zip Code

98205-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24863858

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Maryann Russo

Mailing Address 3632 Wildwood Street

City

Yorktown Heights

State

NY

Zip Code

10598-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Westchester-Putn-
am PT

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24863868

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Kimberly Cornell Payne

Mailing Address 151 W Weisheimer Road

City

Columbus

State

OH

Zip Code

43214-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Freedom Home HealthOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	8

Transaction ID: 24863890

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Ms. Bobbie Hurt

Mailing Address 1810 Tremont St

City

Galveston

State

TX

Zip Code

77550-7904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	8

Transaction ID: 24864473

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Sharon Eileen McCallum

Mailing Address 3710 27th Place West Apt 205

City

Seattle

State

WA

Zip Code

98199-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Medical CenterOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	8

Transaction ID: 24864481

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

284.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Justin D Moore

Mailing Address 4819 S 1st St

City

Arlington

State

VA

Zip Code

22204-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24864489

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lydia Radosevich

Mailing Address 439 Mechem Drive

City

Ruidoso

State

NM

Zip Code

88345-6813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruidoso Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24864490

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

David W. Perry

Mailing Address 2065 Van Antwerp

City

Grosse Pointe Wood

State

MI

Zip Code

48236-1622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baker College of Allen Pa-
rk

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24864494

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick J. VanBeveren

Mailing Address 727 Sumner Avenue

City

Syracuse

State

NY

Zip Code

13210-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 24867295

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Peter J McMenamin

Mailing Address 25 E Washington St #1310

City

Chicago

State

IL

Zip Code

60602-1863

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Therapy Chicago

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 24867297

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

J Eric Shaw

Mailing Address 7 New England Circle

City

Fairmont

State

WV

Zip Code

26554-8966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grafton City Hospital

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 24867315

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Allison Anderson Schmit

Mailing Address 9259 Anderson Street

City

Grosse Ile

State

MI

Zip Code

48138-1472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24867856

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Eric Wayne Stevenson

Mailing Address South McGregor Medical Ctr
15620 McGregor Blvd Ste D

City

Fort Myers

State

FL

Zip Code

33908-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stevenson Physical Therapy
Inc

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 24867884

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kathryn Wasson

Mailing Address PO Box 546

City

Somonauk

State

IL

Zip Code

60552-0546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 24868729

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Michael F. Masaracchio

Mailing Address 1672 73rd St

City

Brooklyn

State

NY

Zip Code

11204-5122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Island University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 24868865

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Victoria Erickson

Mailing Address 5044 S Elm Avenue

City

Fresno

State

CA

Zip Code

93706-5738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 24868885

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Whitley

Mailing Address 606 North Pines Road

City

Spokane

State

WA

Zip Code

99206-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland PT And Sports Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064416

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Anne W Thompson

Mailing Address 124 Cherryfield Lane

City

Savannah

State

GA

Zip Code

31419-9095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Armstrong State UniversityOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	8

Transaction ID: 25064417

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel Lilley

Mailing Address 800 W Compton Rd Ste 3

City

Cincinnati

State

OH

Zip Code

45231-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	8

Transaction ID: 25064418

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ira Gorman

Mailing Address 254 Mary Beth Road

City

Evergreen

State

CO

Zip Code

80439-4312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regis UniversityOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	8

Transaction ID: 25064425

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

392.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Ms. Margaret M. Grey

Mailing Address 10 Drummond Rd

City

Enfield

State

CT

Zip Code

06082-2532

FEC ID number of contributing
federal political committee.**C**Name of Employer
Grey Physical TherapyOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	8

Transaction ID: 25064426

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia Young Naylor

Mailing Address 3535 Pierland Drive

City

Pocahontas

State

IL

Zip Code

62275-1541

FEC ID number of contributing
federal political committee.**C**Name of Employer
Maryville UniversityOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	8

Transaction ID: 25064427

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cheryl Resnik

Mailing Address 1070 S. Oakland Ave.

City

Pasadena

State

CA

Zip Code

91106-4344

FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ of Southern Californ-
iaOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	8

Transaction ID: 25064428

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Linda E Arslanian

Mailing Address 230 Bray St

City

Gloucester

State

MA

Zip Code

01930-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Partners

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064429

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jeanine Marie Gunn

Mailing Address 6670 Loveland-Miamiville Rd

City

Loveland

State

OH

Zip Code

45140-8732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064430

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Susan Michlovitz

Mailing Address 15 Lisa Lane

City

Ithaca

State

NY

Zip Code

14850-1762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064431

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dr. David A. Pariser

Mailing Address 5319 Manor Court

City

Crestwood

State

KY

Zip Code

40014-8845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellarmine University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064432

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ms. Catherine E Patla

Mailing Address 19 Dolphin Drive

City

St. Augustine

State

FL

Zip Code

32080-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Augustine University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064433

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lisa Kristine Saladin

Mailing Address 1325 Overcreek Ct

City

Mount Pleasant

State

SC

Zip Code

29464-9490

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064434

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Timothy Schell

Mailing Address 201 B Erie Street

City

Grove City

State

PA

Zip Code

16127-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064435

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr Dennis Spillane

Mailing Address 5136 Mount Ararat Drive

City

San Diego

State

CA

Zip Code

92111-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064436

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cindy Furey

Mailing Address 5677 Oberlin Drive Suite 106

City

San Diego

State

CA

Zip Code

92121-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Therapy Ser-
vices

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064438

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional)

816.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Zoe Fackelman

Mailing Address 241 Parrish St Ste A

City

Canandaigua

State

NY

Zip Code

14424-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Country Physical The-
rapy & Sports

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064439

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul D. Gaspar

Mailing Address 748 Lynwood Drive

City

Encinitas

State

CA

Zip Code

92024-2389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaspar Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064442

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael H. Morgan

Mailing Address 264 Heights Road

City

Darien

State

CT

Zip Code

06820-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Darien Physical Therapy
Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064446

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Julie Lee Rosen

Mailing Address 445 Park Avenue

City

Glencoe

State

IL

Zip Code

60022-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sava Senior Care

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064447

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Cynthia C. Zadai, DPT

Mailing Address 4 South Meadow Ridge

City

Concord

State

MA

Zip Code

01742-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGHIHP

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064449

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Stefanie D. Palma

Mailing Address 505 Chinkapin Ln

City

Dahlonega

State

GA

Zip Code

30533-5330

FEC ID number of contributing
federal political committee.

C

Name of Employer
NGCSU

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064451

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dr. Nancy B. Reese

Mailing Address 3335 Chimney Rock

City

Conway

State

AR

Zip Code

72034-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Central Ark-
ansas

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064464

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Richard C. Ritter

Mailing Address 28120 Riggs Court

City

Hayward

State

CA

Zip Code

94542-2438

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California -
San Francis

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064466

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Pamela G Unger

Mailing Address 443 Wentz St

City

Kutztown

State

PA

Zip Code

19530-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cellfication Inc.

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064467

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Charles J. Gulas

Mailing Address 2054 Wild Horse Creek Rd

City

Wildwood

State

MO

Zip Code

63038-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryville University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064468

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Carroll Groschan

Mailing Address Suite 300
2328 W Joppa Rd

City

Lutherville Timoni

State

MD

Zip Code

21093-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25064470

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert W. Stanborough

Mailing Address 390 Cassandra Lane

City

St Augustine

State

FL

Zip Code

32086-7844

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of St. Augusti-
ne

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25065009

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Rickert

Mailing Address 1240 SE 8th Terrace

City

Cape Coral

State

FL

Zip Code

33990-3210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25065078

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Chris M. Ostling

Mailing Address 53 Rensselaer Drive

City

Commack

State

NY

Zip Code

11725-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25065753

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Barbara Connolly

Mailing Address Dept of Physical Therapy
930 Madison Ave #652

City

Memphis

State

TN

Zip Code

38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of Tennessee Health Sci-
ence Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 25066554

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Taylor J. Reed

Mailing Address 1971 W Cholla Estate Dr

City

Tucson

State

AZ

Zip Code

85704-1075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthsouth

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25072937

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Victor G. Vaughan

Mailing Address 33 Eastland Road

City

Hamden

State

CT

Zip Code

06517-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25073006

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Martha Ferretti

Mailing Address PO Box 26901

City

Oklahoma City

State

OK

Zip Code

73190-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
OUHSC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25073072

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Sheryl A Low

Mailing Address 1609 Darrah Ave

City

Simi Valley

State

CA

Zip Code

93063-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Medical Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25073120

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Sheree Chapman York

Mailing Address 313 Delcris Ct

City

Birmingham

State

AL

Zip Code

35226-1978

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHSYS

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25073268

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas K. Waugh

Mailing Address 9398 Viscount Suite 3-C

City

El Paso

State

TX

Zip Code

79925-8028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25073926

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Brett Alan Tice

Mailing Address 15171 Kelly Dr

City

Harlingen

State

TX

Zip Code

78552-6738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Back to ActionOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	8

Transaction ID: 25074053

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Louise D. Yurko

Mailing Address 123 Buena Vista

City

Newport

State

NC

Zip Code

28570-8119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carteret Physical Therapy
AssociatesOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	8

Transaction ID: 25074069

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roger Allan Herr

Mailing Address 2921 10th Place West

City

Seattle

State

WA

Zip Code

98119-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	8

Transaction ID: 25074434

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Sellin

Mailing Address 308 Outrider Way

City

Lexington

State

KY

Zip Code

40514-1759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Rehabilitati-
on Associates

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25074442

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Jake Jakubiak Kovacek

Mailing Address 20225 Danbury Lane

City

Harper Woods

State

MI

Zip Code

48225-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer
In Home Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25074446

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Timothy Schell

Mailing Address 201 B Erie Street

City

Grove City

State

PA

Zip Code

16127-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25076614

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Paul A Rockar, Jr.

Mailing Address 625 Walnut Street

City

McKeesport

State

PA

Zip Code

15132-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centers for Rehab Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25076639

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lynn Colby

Mailing Address 6984 Lakebrook Blvd

City

Columbus

State

OH

Zip Code

43235-4240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 25076650

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Pamela A Duffy

Mailing Address 28135 J Avenue

City

Adel

State

IA

Zip Code

50003-8260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellmark BCBS

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25079960

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1035.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry Arthur Smith

Mailing Address 8534 Brittany Ct North

City

Indianapolis

State

IN

Zip Code

46236-9015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Hospital

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25079968

Amount of Each Receipt this Period

135.00

B.

Full Name (Last, First, Middle Initial)

Nancy S. Brox

Mailing Address 130 Westview Rd

City

Andover

State

KS

Zip Code

67002-7807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PTA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25079981

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mr. Raymond Mark Bilecky

Mailing Address 23050 Louise Lane

City

Columbia Station

State

OH

Zip Code

44028-9474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Total Rehabilitation Spec-
ialists, Inc.

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25079985

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Nathaniel L. Thomas

Mailing Address 1111 Clairemont Ave Apt P-1

City State Zip Code
 Decatur GA 30030-1220

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 8

Transaction ID: 25079992

Amount of Each Receipt this Period

140.00

B.

Full Name (Last, First, Middle Initial)

Ms. Peggy A Hiller

Mailing Address 6329 North 44th Street

City State Zip Code
 Paradise Valley AZ 85253-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona State Board of Ph-
ysical Therap

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 8

Transaction ID: 25079995

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kristin Von Nieda

Mailing Address 3420 Warden Dr

City State Zip Code
 Philadelphia PA 19129-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080004

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Carla Griffith

Mailing Address 4422 B Catlin Circle

City

Carpinteria

State

CA

Zip Code

93013-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer
SB Cottage Hospital

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080007

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Katherine S Harris

Mailing Address 67 Wilcox Avenue

City

Meriden

State

CT

Zip Code

06451-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quinnipiac University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080008

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Coleman Finch

Mailing Address 506 Willard Street

City

Maryville

State

TN

Zip Code

37803-3136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Appalachian Therapy Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080009

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 31 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Cynthia Marie Lacouture

Mailing Address 37 Missal Ave

City

Bristol

State

CT

Zip Code

06010-4467

FEC ID number of contributing
federal political committee.

C

Name of Employer
NVCC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080015

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Aimee B. Klein

Mailing Address 15 Boatswain's Way

City

Chelsea

State

MA

Zip Code

02150-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGH Institute of Health
Professions

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080016

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marcia B. Smith

Mailing Address Mail Code G-4 Physical Therapy De
3333 Regis Blvd

City

Denver

State

CO

Zip Code

80221-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regis University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080034

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Eileen Rodri Carter

Mailing Address 2400 Runnymede Road

City

Wilson

State

NC

Zip Code

27896-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080038

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Joan Purrington

Mailing Address 8000 Hill Trail North

City

Lake Elmo

State

MN

Zip Code

55042-9534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Metro Intermedi-
ate School Di

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080075

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Matthew Wayne Elrod

Mailing Address 4782 Farndon Ct

City

Fairfax

State

VA

Zip Code

22032-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Rehab Hospital

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080078

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Erik Van Doorne

Mailing Address 2323 Pennsylvania Ave 2nd Fl

City

Wilmington

State

DE

Zip Code

19806-1332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manual Orthopaedic Physio-
therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080083

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Judy A. Hawley

Mailing Address 6185 26th Street North

City

Oakdale

State

MN

Zip Code

55128-3503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Chapter APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080097

Amount of Each Receipt this Period

185.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark J. Bouziane

Mailing Address 1904 Prince George Rd

City

Richmond

State

VA

Zip Code

23225-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA Retreat Hospital

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25080101

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

935.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Karl Robert Gibson

Mailing Address 4275 Old New England Road

City

Allison Park

State

PA

Zip Code

15101-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

Transaction ID: 25080102

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mary Denise Gunter Gaub

Mailing Address 2405 Cherry Ridge Lane

City

Columbia

State

MO

Zip Code

65203-5745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peak PerformanceOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

Transaction ID: 25080105

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Beth C. Marcoux

Mailing Address 18 Barnes Road

City

Stonington

State

CT

Zip Code

06378-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Rhode IslandOccupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

Transaction ID: 25124218

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Stephen McDavitt

Mailing Address 49 Spring Street 3rd Floor

City

Scarborough

State

ME

Zip Code

04074-8926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25124437

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Susan M. Chalcraft

Mailing Address PO Box 546

City

Kettle Falls

State

WA

Zip Code

99141-0546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Carmel Hospital

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25124687

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Terence Carlisle Brown

Mailing Address 936 Walnut Road

City

Frankfort

State

KY

Zip Code

40601-8629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25125068

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Patrick Johnson

Mailing Address 514 General Lafayette Rd

City

Merion Station

State

PA

Zip Code

19066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Health

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25125398

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gary Derscheid

Mailing Address 5320 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85254-5749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Sports Physical
Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25127217

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Ramona Ann Carper

Mailing Address 383 Corbin Center Drive

City

Corbin

State

KY

Zip Code

40701-1895

FEC ID number of contributing
federal political committee.

C

Name of Employer
PT Pros

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25127645

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

David W Qualls

Mailing Address 702 1st Ave

City

Sulphur

State

LA

Zip Code

70663-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25127719

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Edie Knowlton Benner

Mailing Address PO Box 638

City

Mantua

State

OH

Zip Code

44255-0638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self:Advanced Rehabilitat-
ion & Health

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25130001

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James J. Irrgang

Mailing Address 3471 Fifth Avenue
Suite 911

City

Pittsburgh

State

PA

Zip Code

15213-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pittsburgh,
PT Dept

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25131461

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Cheryl Ann Gillespie

Mailing Address PO Box 593

City

East Setauket

State

NY

Zip Code

11733-0593

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNY - Suffolk

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25132510

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gabriel E Yankowitz

Mailing Address 7602 Cavalry Circle

City

Manlius

State

NY

Zip Code

13104-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25133456

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sue Schuerman

Mailing Address 1330 Fragrant Spruce Ave

City

Las Vegas

State

NV

Zip Code

89123-5357

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNLV

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25133604

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 39 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Anna Maria Edwards

Mailing Address 738 Val Sereno Drive

City

Encinitas

State

CA

Zip Code

92024-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25133796

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Karl L. Kleinpeter

Mailing Address 1219 Church Street

City

Zachary

State

LA

Zip Code

70791-2347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kleinpeter Physical Thera-
py

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 25168425

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Jackson

Mailing Address PO Box 1769

City

Middleburg

State

VA

Zip Code

20118-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Jackson Clinics

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 25168504

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Christine Lee Spryer

Mailing Address 3842 West 157th Street

City

Lawndale

State

CA

Zip Code

90260-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 25168519

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Timothy L. Kauffman

Mailing Address 815 McGrann Boulevard

City

Lancaster

State

PA

Zip Code

17601-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181657

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Helen M. Balzli

Mailing Address 13111 Hooper Road

City

Baton Rouge

State

LA

Zip Code

70818-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Rehab Clinic

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181678

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Gerard Anthony Robertson

Mailing Address 45483 277th Street

City

Parker

State

SD

Zip Code

57053-5637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Des Moines University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181682

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lisa Marie Machotka

Mailing Address 661 Westport Court

City

Port Edwards

State

WI

Zip Code

54469-1176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roberts Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181683

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sandra Lee Norby

Mailing Address 789 Holton Drive

City

Le Mars

State

IA

Zip Code

51031-3757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Le Mars Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181694

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Dr. Carin Shuler

Mailing Address 9330 Gum Tree Dr

City

Corona

State

CA

Zip Code

92883-5007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Empire Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181777

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Belinda Hays

Mailing Address PO Box 1192

City

Seymour

State

IN

Zip Code

47274-3792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1535.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181817

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Raymond George Herschleb

Mailing Address W233 N6767 Candlewick Dr

City

Sussex

State

WI

Zip Code

53089-5305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Life Speed PT

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181818

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Jeffrey W. Hathaway

Mailing Address 8370 Boyko Farm

City

Cicero

State

NY

Zip Code

13039-8694

FEC ID number of contributing
federal political committee.

C

Name of Employer
ProActive PT

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181819

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Ms. Julie Ann Dresch

Mailing Address 12042 Se 186th St

City

Renton

State

WA

Zip Code

98058-6615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Therapeutic Associates

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181820

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ms. Judith Hickes

Mailing Address 111 Rothsville Station Road

City

Lititz

State

PA

Zip Code

17543-8882

FEC ID number of contributing
federal political committee.

C

Name of Employer
BHB Rehab Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181831

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Paul Joseph Welk

Mailing Address 278 Walnut Street

City

Blawnox

State

PA

Zip Code

15238-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tucker Law

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181832

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. William D. Bandy

Mailing Address PTC 30

City

Conway

State

AR

Zip Code

72035-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Central Ark-
ansas

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181833

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Elaine M. Muntzer

Mailing Address 681 Arbor Lane

City

Warminster

State

PA

Zip Code

18974-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hand & Orthopedic PT Asso-
ciates

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181860

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Louis Carreon

Mailing Address 100 Porter Rd Suite 197

City

Pottstown

State

PA

Zip Code

19464-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181887

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Joseph Harwood

Mailing Address 12551 Manderley Way

City

Herndon

State

VA

Zip Code

20171-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
APTA

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181889

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Scott Call

Mailing Address 1408 N Louisiana Street Ste 104A

City

Kennewick

State

WA

Zip Code

99336-7167

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Kennewick Physical
Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181892

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Steven Cassabaum

Mailing Address 62944 Sunset Drive

City

Nevada

State

IA

Zip Code

50201-7947

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181894

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Erica Lynne Clark

Mailing Address 4947 SW Forney Street

City

Seattle

State

WA

Zip Code

98116-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Therapeutic Associates

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181896

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Barbara A. Melzer

Mailing Address 148 Cas-Hills Drive

City

Castle Hills

State

TX

Zip Code

78213-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas State University -
San Marcos

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181902

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Jay H. Segal

Mailing Address 1537 Bent River Circle

City

Birmingham

State

AL

Zip Code

35216-5394

FEC ID number of contributing
federal political committee.

C

Name of Employer
HPRC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181904

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Thomas DiAngelis

Mailing Address 5382 Cox Smith Rd, Ste A

City

Mason

State

OH

Zip Code

45040-6803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Physical Therapy Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181907

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Raymond C. Menhard

Mailing Address 160 Lilac Ln

City

Greenville

State

MS

Zip Code

38701-7319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181908

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick Donovan Graham

Mailing Address PO Box 8068

City

Columbus

State

GA

Zip Code

31908-8068

FEC ID number of contributing
federal political committee.

C

Name of Employer
HPRC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181910

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Mettam

Mailing Address PO Box 55635

City

Sherman Oaks

State

CA

Zip Code

91413-0635

FEC ID number of contributing
federal political committee.

C

Name of Employer
JMP PT Group Corporate Of-
fices

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181912

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rick Anthony Gawenda

Mailing Address 7913 Creek Bend Drive

City

Ypsilanti

State

MI

Zip Code

48197-6204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Detroit Medical Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181933

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Lynda D. Brown

Mailing Address 850 Road 5

City

Powell

State

WY

Zip Code

82435-8422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advantage Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 25181935

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kathleen K. Mairella

Mailing Address 256 Whitford Avenue

City

Nutley

State

NJ

Zip Code

07110-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 25185660

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Paul O. Kraushaar

Mailing Address 1737 Arbor Oaks Drive

City

Muscatine

State

IA

Zip Code

52761-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muscatine Physical Therapy
Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 25185705

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Sheila K. Nicholson

Mailing Address 6143 Whimbrelwood Dr

City

Lithia

State

FL

Zip Code

33547-4101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 25185802

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Craig A. Moore

Mailing Address PO Box 160453

City

Altamonte Springs

State

FL

Zip Code

32716-0453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Rehabili-
tation & Spor

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 25185926

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Arthur Clarence Bronsord

Mailing Address 16917 Ketocin Church Road

City

Purcellville

State

VA

Zip Code

20132-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of the Art Physical
Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 25186015

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

292.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

James M. Syms

Mailing Address PO Box 406

City

Lake Arrowhead

State

CA

Zip Code

92352-0406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loma Linda University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 25186164

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Ms. Olive Whitehead

Mailing Address PO Box 37

City

Jackson

State

AL

Zip Code

36545-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Actions

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 25186213

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Hendrickson

Mailing Address 8911 N Port Washington Road

City

Milwaukee

State

WI

Zip Code

53217-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sport Clinic

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 25186281

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Alan J. Howell

Mailing Address 5400 Kennedy Avenue

City

Cincinnati

State

OH

Zip Code

45213-2664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 25186327

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Deborah Ingram

Mailing Address 8337 Mitchell Mill Rd

City

Ooltewah

State

TN

Zip Code

37363-8837

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 25192478

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Neil G. King

Mailing Address 141 Hampton Circle

City

Rochester Hills

State

MI

Zip Code

48307-4103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25425856

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

34064.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address Old Town Branch
King Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1752.06

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 25431690

Amount of Each Receipt this Period

124.49

SUBTOTAL of Receipts This Page (optional)

124.49

TOTAL This Period (last page this line number only)

124.49

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Udall For Colorado	Transaction ID: 25069932 Date of Disbursement																				
Mailing Address PO Box 40158	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City State Zip Code Denver CO 80204	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Mark Udall	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Treasure State PAC	Transaction ID: 25069934 Date of Disbursement																				
Mailing Address 200 East Jefferson Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City State Zip Code Falls Church VA 20046	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Latham For Congress	Transaction ID: 25069935 Date of Disbursement																				
Mailing Address P.O. Box 71 PO Box 71	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City State Zip Code Clarion IA 50525	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Mr. Tom Latham	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.** Full Name (Last, First, Middle Initial)
Committee To Re-Elect Loretta SanchezMailing Address 1212 S. Victory Blvd.
Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement

Candidate Name
Loretta SanchezOffice Sought: ☒ House
☐ Senate
☐ President

State: CA District: 46

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 25069946

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Johanns For Senate Incorporated

Mailing Address 1201 O Street Suite 101

City Lincoln State NE Zip Code 68506

Purpose of Disbursement

Candidate Name
Mr. Michael JohannisOffice Sought: ☐ House
☒ Senate
☐ President

State: NE District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 25069948

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement

Candidate Name
Rep. Ronald KleinOffice Sought: ☒ House
☐ Senate
☐ President

State: FL District: 22

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25069950

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Sestak For Congress Mailing Address P.O. Box 16	Transaction ID: 25069954 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City State Zip Code Media PA 19063 Purpose of Disbursement Candidate Name Rep. Joe Sestak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 07	Amount of Each Disbursement this Period <div>1500.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) A Whole Lot Of People For Grijalva Congressional C Mailing Address PO Box 1242 City State Zip Code Tucson AZ 85702 Purpose of Disbursement Candidate Name Mr. Raul Grijalva Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 07	Transaction ID: 25069965 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Giffords For Congress Mailing Address PO Box 12886 City State Zip Code Tucson AZ 85732 Purpose of Disbursement Candidate Name Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 08	Transaction ID: 25069967 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Committee To Re-Elect Trent Franks To Congress

Mailing Address 12416 N. 57th Drive

City Glendale State AZ Zip Code 85304

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Trent Franks

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 02

Transaction ID: 25069968

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Rob Wittman For Congress

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Robert Wittman

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 01

Transaction ID: 25069981

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
AMERI PAC

Mailing Address 499 South Capitol Street, SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25069983

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Thelma Drake for Congress

Mailing Address P.O. Box 61480

City
Virginia Beach

State
VA

Zip Code
23456

Purpose of Disbursement

011

Category/
Type

Candidate Name
Thelma Drake

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: 25069984

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Marion Berry For Congress

Mailing Address P.O. Box 8084

City
Jonesboro

State
AR

Zip Code
72403

Purpose of Disbursement

011

Category/
Type

Candidate Name
Marion Berry

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: 25069985

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw Suite 800
Suite 1434

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mary Landrieu

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: DC District:

Transaction ID: 25069997

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Courtney for Congress	Transaction ID: 25069998 Date of Disbursement
Mailing Address 301 4th Street, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Joseph Courtney	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Guthrie For Congress	Transaction ID: 25070000 Date of Disbursement
Mailing Address PO Box 9639	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City Bowling Green State KY Zip Code 42102	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1500.00</div>
Candidate Name Mr. Steven Guthrie	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mccollum For Congress	Transaction ID: 25070002 Date of Disbursement
Mailing Address P.O. Box 14131	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City St. Paul State MN Zip Code 55114	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Betty McCollum	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Peterson For Congress	Transaction ID: 25070004 Date of Disbursement
Mailing Address 26192 Floyd Lake Point Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City State Zip Code Detroit Lakes MN 56501	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1500.00</div>
Candidate Name Mr. Collin Peterson	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) David Davis Victory Fund	Transaction ID: 25070005 Date of Disbursement
Mailing Address PO Box 781	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City State Zip Code Johnson City TN 37605	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Mr. David Davis	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Schock For Congress	Transaction ID: 25070017 Date of Disbursement
Mailing Address PO Box 10555	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City State Zip Code Peoria IL 61612	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Mr. Aaron Schock	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Steve Austria For Congress	Transaction ID: 25070018 Date of Disbursement																				
Mailing Address 2537 Obetz Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City State Zip Code Beavercreek OH 45434	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Mr. Steve Austria	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of John Barrow	Transaction ID: 25070020 Date of Disbursement																				
Mailing Address P.O. Box 48178	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City State Zip Code Athens GA 30606	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John Barrow	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Boswell For Congress	Transaction ID: 25070022 Date of Disbursement																				
Mailing Address PO Box 6220	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City State Zip Code Des Moines IA 50309	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Leonard Boswell	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

Candidate Name
Nydia Velazquez

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 12

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25070028

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Solis For Congress

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

Candidate Name
Rep. Hilda L. Solis

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 32

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 25070036

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name
Mr. Frederick Upton

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 06

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25070037

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Robert Wexler For Congress Committee

Mailing Address Post Office Box 810669

City State Zip Code
Boca Raton FL 33431

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Robert Wexler

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 19

Transaction ID: 25070040

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City State Zip Code
Everett WA 98206

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Richard Larsen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: 25070043

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Eric Pac

Mailing Address 209 Pennsylvania Avenue, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25070047

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Bob Filner For Congress

Mailing Address PO Box 127868

City
San Diego

State
CA

Zip Code
92112

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Bob Filner

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 50

Transaction ID: 25070048

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Sali For Congress

Mailing Address PO Box 71

City
Kuna

State
ID

Zip Code
83634

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. William Sali

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: 25070054

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kilpatrick For United States Congress

Mailing Address PO Box 32175

City
Detroit

State
MI

Zip Code
48232

Purpose of Disbursement

011

Category/
Type

Candidate Name
Carolyn Kilpatrick

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: 25070056

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Friends Of Glenn Thompson

Mailing Address 198 Park Road

City
Howard

State
PA

Zip Code
16841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Glenn Thompson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 05

Transaction ID: 25070058

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Rosa Delauro

Mailing Address 12 Trumbull Street

City
New Haven

State
CT

Zip Code
06511

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rosa Delauro

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT

District: 03

Transaction ID: 25070059

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Richard Durbin

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District:

Transaction ID: 25070060

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Physical Therapy Association Physical Therapy Political Action Committee (PT-PA)

1000.00

1000.00

2500.00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Ed Markey for Congress Committee

Mailing Address P.O. Box 526

City State Zip Code
Medford MA 02155

Purpose of Disbursement

011
Category/
Type

Candidate Name
Edward Markey

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 07

Transaction ID: 25070105

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Kuhl For Congress

Mailing Address 10 Ganesvoort Street
Suite 101

City State Zip Code
Bath NY 14810

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John Kuhl, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: 25070199

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Volunteers For Shimkus

Mailing Address PO Box 5458

City State Zip Code
Springfield IL 62705

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. John Shimkus

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 20

Transaction ID: 25168380

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)**A.**

Full Name (Last, First, Middle Initial)

Pallone For Congress

Mailing Address PO Box 3176

City

Long Branch

State

NJ

Zip Code

07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Frank Pallone

Office Sought:

☒

House

☐

Senate

☐

President

State: NJ

District: 06

Disbursement For:

2008

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: 25198248

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

People for Pearce

Mailing Address P.O. Box 2696

City

Hobbs

State

NM

Zip Code

88241

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Steve Pearce

Office Sought:

☐

House

☒

Senate

☐

President

State: NM

District:

Disbursement For:

2008

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: 25198288

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

66500.00